U.S. DEPARTMENT OF HOMELAND SECURITY FE

FOR INCHIDANIOS COMPANIVILIOS

FEDERAL EMERGENCY MANAGEMENT AGENCY	ELEVATION CERTIFICATE	OMB No. 1660-0008
National Flood Insurance Program	IMPORTANT: Follow the instructions on pages 1–9.	Expiration Date: July 31, 2015
y	AND AND THE STATE OF THE STATE	

DDODEDTY INCODERATION

	SECTION	A - PROPERTY INFORM	ATION FOR	R INSURANCE CUMPANY USE
A1. Building Owner's Name Th	ne Housing Authority of the	City of Waveland	Poli	cy Number:
525 Camille Circle	cluding Apt., Unit, Suite, and/or B e		14.400	npany NAIC Number:
^{City} Waveland		State MS	ZIP (^{Code} 39576
A3. Property Description (Lot a	nd Block Numbers, Tax Parcel Nur 2H-0-03-018.00 (building 13)		-	
 A5. Latitude/Longitude: Lat3 A6. Attach at least 2 photograph A7. Building Diagram Number _ A8. For a building with a crawlship a) Square footage of crawlship Number of permanent f 	ohs of the building if the Certificat 1A space or enclosure(s): Ispace or enclosure(s) Ilood openings in the crawlspace0 foot above adjacent grade openings in A8.b ngs?	e is being used to obtain floor A9. For na sq ft a) na sq in c) d)	d insurance. r a building with an attach Square footage of attach Number of permanent flo within 1.0 foot above adj Total net area of flood op Engineered flood openin	ned garage na sq ft odd openings in the attached garage facent grade na sq in na sq in
		SURANCE RATE MAP (F	IRM) INFORMATION	·
B1. NFIP Community Name & Co City of Waveland 28526		B2. County Name Hancock		B3. State Ms
PARTY STREET STREET, S	Suffix B6. FIRM Index Date	Revised Date	/ B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
28045C0342	D 10/16/2009 Base Flood Elevation (BFE) data o	10/16/2009	AE	18
	PROCES - Research	Other/Source:		Yes 🛛 No
	SECTION C – BUILDING E	LEVATION INFORMATION	(SURVEY REQUIRED))
C2. Elevations – Zones A1–A30 C2.a–h below according to	e will be required when construction, AE, AH, A (with BFE), VE, V1–V30 the building diagram specified in I	on of the building is complete.), V (with BFE), AR, AR/A, AR/A Item A7. In Puerto Rico only, e	AE, AR/A1–A30, AR/AH, A enter meters.	Finished Construction
	RTK-Trimble VRS Network sed for the elevations in items a)			0.1.
a) Top of bottom floor (inclub) Top of the next higher floor. Bottom of the lowest hold Attached garage (top of e) Lowest elevation of mac (Describe type of equipm f) Lowest adjacent (finished).	evations must be the same as that adding basement, crawlspace, or endoor rizontal structural member (V Zondslab) whinery or equipment servicing the ment and location in Comments) d) grade next to building (LAG) ed) grade next to building (HAG) at lowest elevation of deck or stair	t used for the BFE. nclosure floor)	Check the meason	urement used. □ meters □ meters
-17	SECTION D - SURVEYOR			
This certification is to be signed a information. I certify that the information of the control of the certification of the certification.				418888888

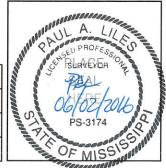
×	Check	here	11	comments	are	provided	on	back	of	form

Were latitude and longitude in Section A provided by a

☑ Check here if attachments.

licensed land surveyor? X Yes ☐ No

Certifier's Name Paul A. Liles License Number 3174 Company Name Machado Patano Title Professional Surveyor Address 1641 Popps Ferry Road, Suite A-4 City Biloxi ZIP Code 39532 State MS Telephone (228) 388-1950 Signature Date 06/02/2016



IMPORTANT: In these spaces, copy the c				FOR INSURANCE	E COMPANY USE
Building Street Address (including Apt., Un 525 Camille Circle	it, Suite, and/or Bldg. No.) or PO. Ro			Policy Number:	
ity Waveland	State MS	ZIP Code 39576		Company NAIC Nu	mber:
SECTION D	- SURVEYOR, ENGINEER, OR	ARCHITECT CE	RTIFICATION (C	ONTINUED)	
copy both sides of this Elevation Certificat	e for (1) community official, (2) insu	rance agent/comp	pany, and (3) buildin	g owner.	
Comments C2a = building slab elevati	on. C2e= air conditioner pad. C	2f and g)=existing	ng grades		
				1	
signature Java (1)	<u> </u>	Date 06/02/2	2016		
SECTION E – BUILDING ELEVAT	TION INFORMATION (SURVEY			AND ZONE A	(WITHOUT BFE)
or Zones AO and A (without BFE), complet or Items E1–E4, use natural grade, if avai	e Items E1–E5. If the Certificate is i	ntended to suppo	rt a LOMA or LOMR-		
Provide elevation information for the forgrade (HAG) and the lowest adjacent grade (HAG).	llowing and check the appropriate be			above or below th	ne highest adjacent
a) Top of bottom floor (including basem			☐ feet ☐ mete	periodical (\square below the HAG.
b) Top of bottom floor (including basem			☐ feet ☐ mete		\square below the LAG.
2. For Building Diagrams 6–9 with perman	, , ,	ion A Items 8 and			5).
the next higher floor (elevation C2.b in	the diagrams) of the building is		☐ feet ☐ mete		below the HAG.
3. Attached garage (top of slab) is	25		feet mete	1 5 4 1001 500 5 6	below the HAG.
4. Top of platform of machinery and/or ed			☐ feet ☐ mete		☐ below the HAG.
5. Zone AO only: If no flood depth number ordinance? Yes No Unkn	r is available, is the top of the bottor own. The local official must certify th			e community's floo	odplain management
SECTION F	- PROPERTY OWNER (OR OW	NER'S REPRES	ENTATIVE) CER	TIFICATION	
he property owner or owner's authorized rone AO must sign here. The statements i	n Sections A, B, and E are correct to	ns A, B, and E for the best of my kr	Zone A (without a F nowledge.	EMA-issued or co	mmunity-issued BFE) o
roperty Owner or Owner's Authorized Repr	resentative's Name				
ddress		City	Sta	ate ZIP C	ode
ignature		Date	Те	lephone	II.
omments					
		<u> </u>		Chec	k here if attachments.
	SECTION G – COMMUNITY	INFORMATION	(OPTIONAL)		
ne local official who is authorized by law or of this Elevation Certificate. Complete the					
11. The information in Section C was					10.7000
who is authorized by law to certify	y elevation information. (Indicate the	e source and date	e of the elevation da	ata in the Comme	nts area below.)
2. A community official completed Se	entrantinante e estra como por la compresa de carres en la compresa de constitución de constit	and the same of th		ınity-issued BFE) d	r Zone AO.
3. The following information (Items (34–G10) is provided for community	floodplain manag	gement purposes.		
4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate Of	Compliance/Occu	pancy Issued
7. This permit has been issued for:	New Construction Substant	ial Improvement			
8. Elevation of as-built lowest floor (inclu	iding basement) of the building:		feet mete		
9. BFE or (in Zone AO) depth of flooding	at the building site:		☐ feet ☐ mete		
10.Community's design flood elevation:	_		☐ feet ☐ mete	rs Datum	and the second
ocal Official's Name		Title			
ommunity Name		Telephone			
ignature		Date			
Comments					
				Chec	k here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt. 525 Camille Circle	, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
^{City} Waveland	State ZIP Code MS 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW 06/01/2016



Replaces all previous editions.

BUILDING PHOTOGRAPHS

Continuation Page

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt. 525 Camille Circle	ilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 25 Camille Circle	
City Waveland	State ZIP Code MS 39576	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

REAR VIEW 06/01/2016



Replaces all previous editions.

U.S. DISCARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1–9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

	SECTION A	A – PROPERTY INFORMA	ATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name The Ho	ousing Authority of the	City of Waveland		Policy Number:
A2. Building Street Address (including 525 Camille Circle	g Apt., Unit, Suite, and/or Blo	dg. No.) or P.O. Route and Box	No.	Company NAIC Number:
^{City} Waveland		State MS	Z	P Code 39576
A3. Property Description (Lot and Blo Part of Tax Parcel #162H-0-	03-018.00 (building 13)	ber, Legal Description, etc.)		39370
A4. Building Use (e.g., Residential, N	on-Residential, Addition, Acce	essory, etc.) Residential		
A5. Latitude/Longitude: Lat. <u>30d17'</u> A6. Attach at least 2 photographs of A7. Building Diagram Number 14	the building if the Certificate	ng. 89d22'41.8"	Horizontal D	atum: NAD 1927 NAD 1983
ATT Danding Diagram Number IA		is being used to obtain flood	insurance.	
A8. For a building with a crawlspace of a) Square footage of crawlspace	or enclosure(s):	A9. For a	a building with an atta	ched garage:
 b) Number of permanent flood or 	penings in the crawlenges	sq ft a) S	Square footage of atta	ched garage <u>na</u> sq ft
or enclosure(s) within 1.0 foot	above adjacent grade	V	Number of permanent vithin 1.0 foot above a	flood openings in the attached garage
c) Total net area of flood openingd) Engineered flood openings?		sq in c) T	otal net area of flood	openings in A9.b <u>na</u> sg in
W 8855	☐ Yes No	d) E	ngineered flood open	ings? ☐ Yes ☒ No
B1. NFIP Community Name & Commun	ECTION B - FLOOD INS	URANCE RATE MAP (FIR	RM) INFORMATION	
City of Waveland 285262	ity Number	B2. County Name Hancock		B3. State
B4. Map/Panel Number B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/	B8. Flood Zone(s)	Ms B9. Base Flood Elevation(s) (Zone
28045C0342 D	10/16/2009	Revised Date 10/16/2009		AO, use base flood depth)
B10. Indicate the source of the Base Floring Profile P		ase flood depth optored in the	AE	18
☐ FIS FIGURE	mmunity Determined 0	ther/Source:	:m B9;	
B11. Indicate elevation datum used for		D 1929 🔀 NAVD 1988	Other/Source: _	
B12. Is the building located in a Coasta	I Barrier Resources System (CBRS) area or Otherwise Prote	ected Area (OPA)? [Yes No
Designation Date:/	/ □ CBRS	☐ OPA		
SEC	TION C – BUILDING ELE	VATION INFORMATION (SURVEY REQUIRE	D)
C1. Building elevations are based on: *A new Elevation Certificate will be	Construction Drawing	rc* Duilding Hadaa 0		Finished Construction
C2. Elevations - Zones A1-A30, AE, AF	H. A (with BEE) VE V1_V30 V	(with DEE) AD AD (A AD (AE	. AR/A1–A30, AR/AH,	AR/AO. Complete Items
C2.a-h below according to the buil Benchmark Utilized: GPS RTK-T	and and opening in itel	ii A7. iii Fuerto Rico oniy, ente	er meters.	1000 2000 000000 1000 0000 2000 1000 10
		Vertical Datum: NA	AVD 1988	
Indicate elevation datum used for t Datum used for building elevations	must be the same as that us	sed for the BFF.		
a) Top of bottom floor (including ba			Check the meas	
b) Top of the next higher floor	estimate, ordinapado, or endic	na	— ⊠ feet	☐ meters
c) Bottom of the lowest horizontal	structural member (V Zones o			meters
d) Attached garage (top of slab)		na		☐ meters ☐ meters
 e) Lowest elevation of machinery o (Describe type of equipment and 	r equipment servicing the bui I location in Comments)	Iding <u>19</u> . <u>5</u>	roman roman are	□ meters
f) Lowest adjacent (finished) grade	next to building (LAG)	<u> </u>	⊠ feet	□ motors
g) Highest adjacent (finished) grade	e next to building (HAG)	19_3		☐ meters ☐ meters
 h) Lowest adjacent grade at lowest structural support 	elevation of deck or stairs, in	ncluding <u>na</u> .		□ meters
			H enstranting	
SEC	TION D - SURVEYOR, E	NGINEER, OR ARCHITEC	T CERTIFICATION	
is certification is to be signed and seale formation. I certify that the information of	ed by a land surveyor, engineer this Certificate represents m	er, or architect authorized by la	aw to certify elevation	
and any raise statement may	be purishable by lifle of impri	sonment under 18 U.S. Code,	Section 1001.	AND CONTRACTOR OF THE PROPERTY
Check here if comments are provided or Check here if attachments.		itude and longitude in Section I land surveyor? 🛛 Yes	n A provided by a ☐ No	ALL SURVEYOR OF
Paul A. Liles		License Nu 3174	mber	THE PART ?
itle rofessional Surveyor	Compan	The second secon		03/23/2016
Address	City	do Palano		PS-3174

Signature

Address 1641 Popps Ferry Road, Suite A-4

State MS

Telephone (228) 388-1950

City Biloxi

Date 03/23/2016

ZIP Code 39532

	by the corresponding information from Section		FOR INSURANCE COMPANY USE
Building Street Address (including 525 Camille Circle	Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:
Dity Waveland	State MS	ZIP Code 39576	Company NAIC Number:
	ION D - SURVEYOR, ENGINEER, OR A	RCHITECT CI	ERTIFICATION (CONTINUED)
	Certificate for (1) community official, (2) insura		
Comments C2a = building slab	elevation. C2e= proposed air conditione	r pad. C2f and	d q)=existing grades
Signatura		Date	
Signature Faul a C	J	Date 03/23/	
			D) FOR ZONE AO AND ZONE A (WITHOUT BFE)
For Items E1–E4, use natural grade	e, if available. Check the measurement used.	In Puerto Rico o	
Provide elevation information for grade (HAG) and the lowest ad	or the following and check the appropriate boy jacent grade (LAG).	es to snow whe	ether the elevation is above or below the highest adjacent
			feet meters above or below the HAG.
b) Top of bottom floor (including	g basement, crawlspace, or enclosure) is		feet meters above or below the LAG.
2. For Building Diagrams 6–9 with	permanent flood openings provided in Section	on A Items 8 and	d/or 9 (see pages 8–9 of Instructions),
the next higher floor (elevation	C2.b in the diagrams) of the building is		feet meters above or below the HAG.
Attached garage (top of slab) is			feet meters above or below the HAG.
	nd/or equipment servicing the building is _		
5. Zone AO only: If no flood depth ordinance? ☐ Yes ☐ No	number is available, is the top of the bottom Unknown. The local official must certify thi	floor elevated in s information in	n accordance with the community's floodplain management Section G.
SECT	ION F - PROPERTY OWNER (OR OWN	ER'S REPRE	SENTATIVE) CERTIFICATION
he property owner or owner's authone AO must sign here. The state roperty Owner or Owner's Authoriz	ements in Sections A, B, and E are correct to t	s A, B, and E fo the best of my k	r Zone A (without a FEMA-issued or community-issued BFE) or mowledge.
Address		City	State ZIP Code
ignature		Date	Telephone
Comments			
Offinents			
			Check here if attachments.
	SECTION G – COMMUNITY I		
of this Elevation Certificate. Com	plete the applicable item(s) and sign below. Ch	eck the measure	anagement ordinance can complete Sections A, B, C (or E), and ement used in Items G8–G10. In Puerto Rico only, enter meters
61. The information in Section	on C was taken from other documentation the	at has been sign	ned and sealed by a licensed surveyor, engineer, or architec te of the elevation data in the Comments area below.)
32	pleted Section E for a building located in Zone	A (without a FE	MA-issued or community-issued BFE) or Zone AO.
	(Items G4–G10) is provided for community f		
4. Permit Number	G5. Date Permit Issued		6. Date Certificate Of Compliance/Occupancy Issued
7. This permit has been issued	for: New Construction Substanti	al Improvement	
	oor (including basement) of the building:		☐ feet ☐ meters Datum
9. BFE or (in Zone AO) depth of	flooding at the building site:		☐ feet ☐ meters Datum
610.Community's design flood ele	evation:		☐ feet ☐ meters Datum
ocal Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments			
			Check here if attachments

Replaces all previous editions.

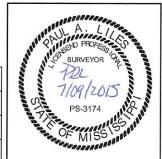
U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9

OMB No. 1660-0008 Expiration Date: July 31, 2015

	0						
525			- PROPERTY I		ION	FOR INSURANCE (COMPANY USE
A1.	Building Owner's Name The Housing					Policy Number:	
A2.	500 Camille Court, Building N	Init, Suite, and/or Bldg No.13				Company NAIC Numb	oer:
	^{City} Waveland		Sta	te MS	Z	IP Code 39576	
A3.	Property Description (Lot and Block Numl Part of Tax Parcel #162H-0-03-018		er, Legal Description	on, etc.)			
A5. A6. A7.	Building Use (e.g., Residential, Non-Residential, Latitude/Longitude: Lat. 30d17'14.7" Attach at least 2 photographs of the build Building Diagram Number 1A For a building with a crawlspace or enclose a) Square footage of crawlspace or enclose or enclose or enclose or enclose or enclose or enclosure(s) within 1.0 foot above or enclosure(s) within 1.0 foot above or or of the property of the pro	dential, Addition, Acces Long ding if the Certificate is sure(s): psure(s) in the crawlspace adjacent grade .b No	g, <u>89d22'41.8"</u> s being used to ob	A9. For a l a) Sq b) Nu wit c) To d) En	surance. building with an atti- luare footage of att imber of permanenthin 1.0 foot above tal net area of flood gineered flood ope	ached garage I flood openings in adjacent grade openings in A9.b nings?	na sq ft the attached garage na sq in ⊠ No
- 54		N B – FLOOD INSU	_		M) INFORMATIO		
	NFIP Community Name & Community Num City of Waveland 285262 Map/Panel Number B5. Suffix B 28045C0342 D	6. FIRM Index Date 10/16/2009	B2. County Nam Hancock B7. FIRM Panel Revised Dat 10/16/2	Effective/	B8. Flood Zone(s	Ms B9. Base Floor	State d Elevation(s) (Zone use flood depth) 18
B11	Indicate the source of the Base Flood Ele ☐ FIS Profile ☑ FIRM ☐ Communit Indicate elevation datum used for BFE in Is the building located in a Coastal Barrie Designation Date: / /	ty Determined	her/Source: 1929 🔀 NA	/D 1988	☐ Other/Source:		
	SECTION	C – BUILDING ELEV	ATION INFOR	MATION (S	URVEY REQUIR	ED)	
C1.	Building elevations are based on: *A new Elevation Certificate will be require	Construction Drawing			onstruction*	Finished Constr	uction
C2.	Elevations – Zones A1–A30, AE, AH, A (wit C2.a–h below according to the building dia Benchmark Utilized: GPS RTK-Trimble	agram specified in Iten	n A7. In Puerto Ric	R/A, AR/AE, co only, ente Datum: <u>NA</u>	r meters.	I, AR/AO. Complet	e Items
	Indicate elevation datum used for the elev Datum used for building elevations must be			NGVD 1929		Other/Source: _asurement used.	
	a) Top of bottom floor (including basemen	nt, crawlspace, or enclo	sure floor)	<u>19</u> . <u>5</u>	Seet	meters	
	b) Top of the next higher floor			<u>na</u>	feet	☐ meters	
	c) Bottom of the lowest horizontal structu	ıral member (V Zones o	only)	<u>na</u>	feet	☐ meters	
	d) Attached garage (top of slab) e) Lowest elevation of machinery or equip (Describe type of equipment and locati		Iding	na . 19 . 5	feet	☐ meters ☐ meters	
	f) Lowest adjacent (finished) grade next t			17 1	⊠ feet	meters	
	g) Highest adjacent (finished) grade next			17 . 6	X feet	meters	
	h) Lowest adjacent grade at lowest elevat structural support	tion of deck or stairs, i	ncluding	<u>na</u>	feet	meters	
	SECTION	I D – SURVEYOR, E	NGINEER. OR	ARCHITEC	T CERTIFICATIO	N	
inform I unde	pertification is to be signed and sealed by a nation. I certify that the information on this erstand that any false statement may be pure eck here if comments are provided on back eck here if attachments.	a land surveyor, engined Certificate represents n nishable by fine or impr k of form. Were la	er, or architect aut	horized by la nterpret the 8 U.S. Code,	aw to certify elevation data available. Section 1001.		A A L L
	ier's Name A. Liles		The second secon	License Nu 3174	ımber		POL TO
Title	essional Surveyor		ny Name	13 / 1		100 M	1109/2015
Addre		City	ado Patano	State	ZIP Code		PS-3174



Signature

Address 1641 Popps Ferry Road, Suite A-4

State MS

Telephone (228) 388-1950

ZIP Code 39532

City Biloxi

Date 07/09/2015

ELEVATION CERTIFICATE, page 2

IMPORTANT. In these serves are the court	concuding information from Cont	ion A		Tro	D INCLIDANCE	COMPANY USE
IMPORTANT: In these spaces, copy the correlation Street Address (including Apt., Unit, Street Address (inclu					icy Number:	COMPANY USE
500 Camille Court, Building No.13				11104		
^{City} Waveland	State MS	ZIP Code 39576		Cor	mpany NAIC Nur	mber:
SECTION D - S	SURVEYOR, ENGINEER, OR	ARCHITECT CE	RTIFICATION	(CONT	INUED)	
Copy both sides of this Elevation Certificate f	or (1) community official, (2) insu	rance agent/comp	any, and (3) buil	lding ow	ner.	
Comments C2e= proposed air conditione	er pad					
C2f and g)=existing grades						
Signature Yaul a. S		Date 07/09/2	015			
SECTION E – BUILDING ELEVATIO	N INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE	AO AN	D ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete It For Items E1–E4, use natural grade, if availab					uest, comple	te Sections A, B,and C
1. Provide elevation information for the follow grade (HAG) and the lowest adjacent grade		oxes to show whet	her the elevatio	n is abo	ve or below th	ne highest adjacent
a) Top of bottom floor (including basement	t, crawlspace, or enclosure) is		☐ feet ☐ n	neters	above or	\square below the HAG.
b) Top of bottom floor (including basement	t, crawlspace, or enclosure) is		☐ feet ☐ n	neters	\square above or	\square below the LAG.
2. For Building Diagrams 6–9 with permanen	t flood openings provided in Sect	ion A Items 8 and/	or 9 (see pages	s 8–9 of	Instructions),	
the next higher floor (elevation C2.b in the	e diagrams) of the building is	·	☐ feet ☐ n			below the HAG.
3. Attached garage (top of slab) is			☐ feet ☐ n			below the HAG.
24. Top of platform of machinery and/or equip			☐ feet ☐ n			☐ below the HAG.
5. Zone AO only: If no flood depth number is ordinance? Yes No Unknow	available, is the top of the bottor n. The local official must certify the			n the cor	mmunity's floc	odplain management
SECTION F - P	PROPERTY OWNER (OR OW	NER'S REPRES	ENTATIVE) C	ERTIFIC	CATION	
The property owner or owner's authorized repr Zone AO must sign here. The statements in S				a FEMA	issued or cor	nmunity-issued BFE) o
Property Owner or Owner's Authorized Represe		are best of my kin	omeage.			
address		City		State	ZIP C	ode
ignature		Date		Telepho	one	111/2-11/10/12/12/12/12/12/12/12/12/12/12/12/12/12/
Comments						
					Check	here if attachments.
	SECTION G – COMMUNITY	INFORMATION	(OPTIONAL)			
the local official who is authorized by law or ord	dinance to administer the commun	ity's floodplain man	agement ordina	nce can	complete Sec	tions A, B, C (or E), and
61. The information in Section C was taken as t	, , , , , , , , , , , , , , , , , , , ,					
who is authorized by law to certify el	evation information. (Indicate the	e source and date	of the elevation	n data ir	the Commer	nts area below.)
32. A community official completed Section				27. 8.0	ssued BFE) o	r Zone AO.
33. The following information (Items G4-	-G10) is provided for community	floodplain manage	ement purposes	s.		
4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate	Of Com	pliance/Occu	pancy Issued
37. This permit has been issued for: \square N	New Construction Substant	ial Improvement				
68. Elevation of as-built lowest floor (including				neters		
69. BFE or (in Zone AO) depth of flooding at 1	the building site:			neters		
10.Community's design flood elevation:			☐ feet ☐ m	neters	Datum	
ocal Official's Name		Title				
Community Name		Telephone				
Signature		Date				
Comments						
					П 01 1	have if attaches
					inech	k here if attachments